THE McKENZIE INSTITUTE RE-ASSESSMENT FORM

Date _____ Name _____ Visit Number _____

Check of Management Strategies:

Posture Change: Yes / No

Performing Exercises: Yes / No

Frequency: Appropriate / Not appropriate Symptom Response when performing exercises_____

Technique: Good / Needs correcting

Adherence / Commitment Excellent / Good / Fair / Poor

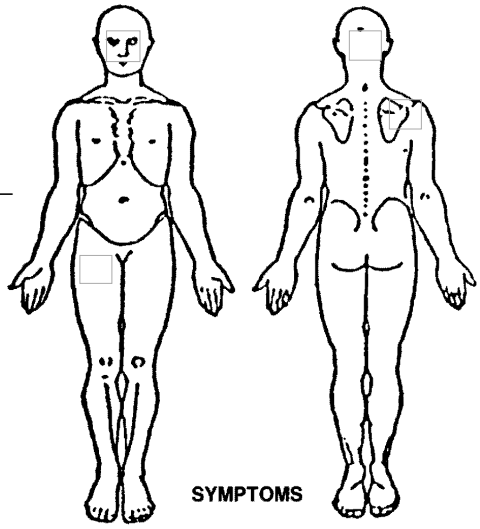
Symptomatic Presentation:

Pain Location: Centralised / Same / Peripheralised _____

Frequency: Better / Same / Worse

Severity: 0 _____10

Better / Same / Worse



Functional Status: % improvement since initial assessment:

0 _____100%

Functional questionnaire:_____

Mechanical Presentation:

Sitting Posture: Consistent with plan; yes / no **Standing Posture:** Consistent with plan; yes / no

Deformity: Yes / No / Not applicable **Neurological Testing:** Better / Same / Worse / Not applicable _____

Movement Loss: Better / Same / Worse _____

Current Exercise Technique: Good / Needs correcting **Symptom Response:** _____

Repeated Movements: Better / Same / Worse

SUMMARY: Better / Same / Worse **Overall improvement since initial assessment:** 0 _____ 100%

Classification Confirmed: Yes / No

Further Testing (if required): Repeated Movements:_____

_____

Other Testing: _____

Revised Classification (if appropriate):

Derangement Dysfunction Postural OTHER (subgroup) _____

Management Today:

Education: _____

Treatment: _____

Plan: _____

Potential Drivers of Pain and / or Disability:_____

Equipment Provided: **Lumbar Roll** _____ **Cervical Roll**_____

TYOB/TYON/TYOS/TYOK/TYOH _____ **Night Roll** _____ **Signature** _____